

## Kentucky Department for Medicaid Services

### Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the September 21, 2006 meeting of the Pharmacy and Therapeutics Advisory Committee.

Item	Options for Consideration
<b>Serotonin (5-HT<sub>1</sub>) Receptor Agonists - Triptans</b>	<ol style="list-style-type: none"><li>1. All triptans and all dosage forms are considered clinically equivalent in efficacy and safety.</li><li>2. DMS to select agent(s) as preferred based on economic evaluation.</li><li>3. Agents not selected as preferred based on economic evaluation will require PA.</li><li>4. Continue to require failure of two preferred agents before PA approval of a nonpreferred agent.</li><li>5. Continue monthly quantity limits per manufacturer guidelines with PA required for additional medication.</li><li>6. As part of quantity limit override criteria, require the patient to be on concurrent migraine prophylaxis medication (beta blocker, tricyclic antidepressant, calcium channel blocker, etc.) at a therapeutic dose.</li><li>7. Require PA for duplicate therapy/concurrent use of triptans by different routes.</li><li>8. For any new chemical entity in the triptan class, require a PA until reviewed by the P&amp;T Advisory Committee.</li></ol>
<b>Anti-Viral Agents, Herpes</b>	<ol style="list-style-type: none"><li>1. The antiviral agents for herpes are considered clinically equivalent in efficacy and safety.</li><li>2. DMS to select agent(s) as preferred based on economic evaluation.</li><li>3. Agents not selected as preferred based on economic evaluation will require PA.</li><li>4. For any new chemical entity in the class, require a PA until reviewed by the P&amp;T Advisory Committee.</li></ol>

The following terms will be utilized within the therapeutic monograph to classify medications during Drug Class Reviews. By using these terms, the reviewer will be able to easily identify any clinical differences between the medications within the class being reviewed.

Superior - Following evidence-based review, it is determined that the drug provides a therapeutic advantage, in terms of safety and/or efficacy, over other available products within the same treatment modality.

Equivalent - Following evidence-based review, it is determined that the drug is therapeutically equivalent in both safety and efficacy to other available products within the same treatment modality.

Not Essential - Following evidence-based review, it is determined that the drug has no therapeutic advantage, due to either reduced safety or efficacy, over other available products within the same treatment modality.

